**EXPRESS MAIL CERTIFICATE** 

0,39138835 fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to

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Customer No.:



PATENT TRADEMARK OFFICE

Docket No: 0158/0K346

## **DARBY & DARBY P.C.**

805 Third Avenue New York, New York 10022 212-527-7700

**Box PATENT APPLICATION Assistant Commissioner for Patents** Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors):

Keh-Perng SHEN; Shu-Kang HSU; Ching-

Chih LAI

Title: METHOD FOR PROCESSING ALKENE-CONTAINING EXHAUST GAS

including the items indicated:

- Specification and 25 claims: 1 indep.; 23 dep.; 1 multiple dep.; 1. including 10 page(s) of written description; 4 page(s) of claims; 1 page(s) of abstract.
- 2. [X] Drawings, 7 sheets (Figs. 1-7)
- 3. [X] Executed Declaration/Power of Attorney [] Unexecuted Declaration/Power of Attorney

- √ [X] Assignment for recording to: <u>Industrial Technology Research</u> <u>Institute</u>
  - [] Assignment was recorded at Reel No., Frame No., on .
  - [X] Pursuant to 37 C.F.R. §1.215(b), please print the following assignment information on the face of the published application:

Assignee:

Industrial Technology Research Institute

Hsinchu, Taiwan, R.O.C.

5. [X] Priority is claimed under 35 U.S.C. §119(b) of:

Country:

Taiwan

Number:

90116092

Date:

July 2, 2001

A certified copy of the prior document [] is enclosed [X] will follow [] was filed in a previous application.

6. [X] Payment in amount of \$1150.00, (\$1110 filing; \$40 recording)

in the form of

[X] check

[] deposit account no. 04-0100

[] credit card (see attached form)

(See attached Fee Computation Sheet)

Date: February 27, 2002

Respectfully submitted,

John C./Todaro

Reg. No. 36,036

Attorney for Applicant(s)

Docket No.: 0158/0K346

## PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$740.00
Total Claims	25 - 20	- 0 = 5	x \$18.00	\$90.00
Independent Claims	1 - 3	- 0 = 0	x \$84.00	\$0.00
Multiple Depender	nt Claims	- if so, add	\$280.00	\$280.00
Surcharge for late	te submission of fil		aration (\$130.00)	\$0.00 \$1110.00
	REDUCTION (Half of S			\$0.00 \$0.00 \$40.00
harge for filing	g non-English langua		).00)	\$0.00
TÕTAL		• • • • • • • • • •		\$1150.00